

Gibney (V. P.)

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OF
TUBERCULAR MENINGITIS.

A CLINICAL REPORT.

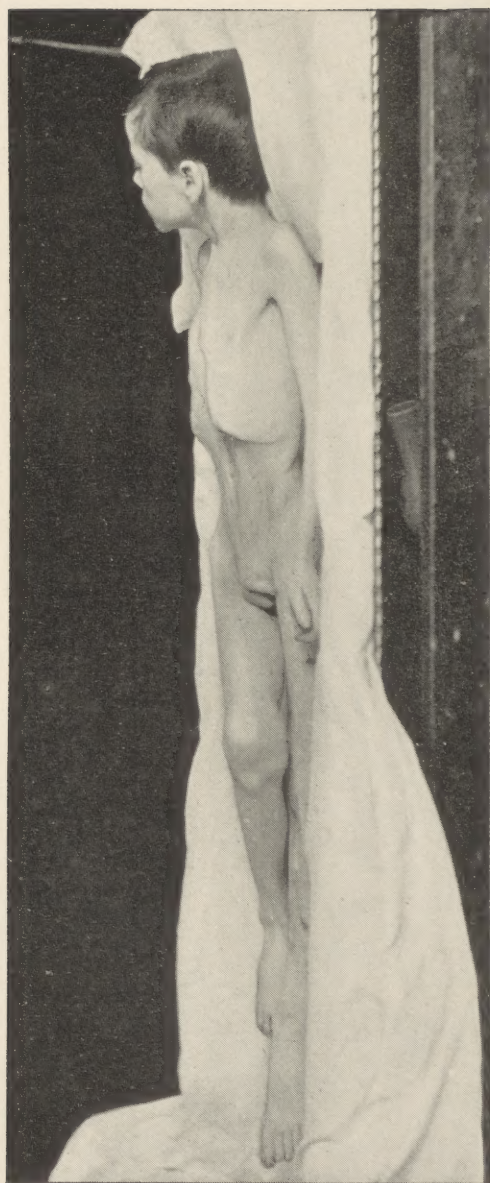
BY

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CHARACTERISTIC "BOAT-BELLY" OF TUBERCULAR MENINGITIS.



THE "BOAT-BELLY"
OF
TUBERCULAR MENINGITIS.
A CLINICAL REPORT.

MY object in reporting this case is not to add anything new to the literature of tubercular meningitis, but to call especial attention to one of the characteristic and well-known symptoms of the disease, which is present in nearly all cases at some time or other; sometimes present during the entire disease, again only present for a day or two, and at no certain period. I refer to the retracted abdomen or "boat-belly." So far as I know, no attempt has heretofore been made to illustrate this symptom by means of a wood-cut, and the advantages of photography in portraying disease are well shown in this instance. For the excellent photograph, taken by means of flash light, from which the wood-cut was copied, I am indebted to my friend Dr. H. G. Piffard, of New York.

The patient was a boy twelve years of age, who was first seen some two years ago at the Polyclinic Dispensary, where he applied for relief for disease of the left hip-joint. General health was good. Father living; mother dead: cause unknown. Some two years previously the boy had been advised to wear a splint, but as his lameness gradually improved, the father did not deem it necessary. The boy received no further treatment until January 21, 1888. The signs then were,—slight lameness; reflex spasm on flexion of the left thigh, abduction can only be carried to two-thirds normal limit; rota-

tion and hyperextension more limited on left than on right side; no difference in length of two limbs; three-fourths of an inch atrophy of left thigh and one-half inch of left calf. A diagnosis of tubercular osteitis of left hip was made, and on January 25 boy was admitted to the Hospital for the Ruptured and Crippled, and a long extension hip-splint applied to the affected limb. His general health remained good, he wore splint with comfort, and condition of his hip seemed improved, and there was nothing further to note in his history until February 11, 1889. On that date his temperature (rectal) suddenly rose to 104.2° ; his face was pale; tongue coated; pulse 160, regular and full; abdomen slightly retracted; no headache; no photophobia; was constipated. Tubercular meningitis was diagnosed. Under the use of mild laxatives and bromide of potassium his condition improved; temperature steadily decreased until, on the 14th, it was 100° in the morning and 101° in the evening, and pulse 118. Nourishment was taken and retained.

On February 22 he had a chill, followed by temperature of 103° ; severe headache; abdomen normal; pupils dilated; urine heavily loaded with albumen; tongue dry and glazed; pulse 125. He was dull and stupid, but not unconscious, and could be roused to take nourishment. There was but little change in his condition until the 27th; the temperature fluctuated between 103° and 100° . On the latter date he became unconscious; right hand and arm were in constant motion, picking at bedclothes; head and eyes turned towards right side; pupils dilated, responding slightly to light. His condition grew worse during the night, and on the 28th abdomen was markedly retracted; morning temperature 101° , evening temperature 102.2° ; pulse 150, compressible; facial paralysis of right side; patellar reflexes increased; ankle clonus; no vomiting; urine and fæces passed involuntarily.

On March 1 he was comatose; slight tache cérébrale; complete hemiplegia, right side; ankle clonus, both sides; does not take nourishment, and is gradually losing strength. Examination of eyes with ophthalmoscope, made by Dr. David Webster, shows both optic disks swollen and their outline obscured, retinal veins enlarged, and arteries smaller than usual.

No hemorrhages. Retina inflamed for considerable distance from optic disks, but no circumscribed patches of retinal exudation. Also has catarrhal conjunctivitis.

His condition remained about the same, and he gradually grew weaker and weaker, and died March 8.

The photograph illustrating this paper was taken a few hours before death.

Autopsy showed tubercular disease of the left hip; pus in the joint; erosion of cartilage, with areas of complete destruction in head of femur; synovial membrane infiltrated with tuberculous inflammatory products; ligamentum teres large, injected, and fatty; joint capsule ruptured; acetabulum eroded on posterior half and filled with tuberculous material around insertion of ligamentum teres.

Brain normal in size, congested; dura mater thickened; pia mater hyperæmic; miliary tubercles present along vessels and in fissure of Sylvius and on base of brain. Other organs were not examined.

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